

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melvoyn Nicholas James

1. Office, Agency, or Court

Agency Name
Los Angeles Unified School District
Division, Board, Department, District, if applicable
Your Position
Board of Education Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other District

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is 7/1/2017, through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted]
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[Redacted] nick.melvoyn@lausd.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/2/2018 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Nicholas Melvoin

▶ NAME OF SOURCE *(Not an Acronym)*
Bill Burton

ADDRESS *(Business Address Acceptable)*
 925 N La Brea Ave, 4th Floor, Los Angeles, CA 90038

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/23/2017	\$ 100	LGBT LA Gala Dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Dixon Slingerland

ADDRESS *(Business Address Acceptable)*
 6464 Sunset Blvd. Suite 650, Los Angeles, CA 90028

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit for Education & wrap-around services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/10/2017	\$ 100	Dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Carla and David Crane Foundation

ADDRESS *(Business Address Acceptable)*
 121 Stewart St., San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy, Advocacy, Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/2017	\$ 50	Dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Comments: _____